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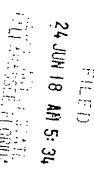
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### TERRY AND FRAZIER, PA

ATTORNEYS AND COUNSELORS AT LAW 125 East Jefferson Street ORLANDO, FLORIDA 32801

T. SCOTI FRAZIER DAVID E. TERRY

TELEPHONE (407) 843-1956 FAX (407) 843-4210 David@terryandfrazier.com Scott@terryandfrazier.com terryandfrazier@terryandfrazier.com

June 12, 2024

Via Priority Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Articles of Amendment for MMI SAR2, LLC

Document #L24000258903

Dear Clerk:

Enclosed herewith please find Articles of Amendment to Articles of Organization for MMI SAR2. LLC. Also enclosed is our firm's check in the amount of \$25.00 representing your filing fee for the Articles of Amendment.

> Very truly yours. Susan m. miller

Susan M. Miller, CP, FRP

SMM/hs Enclosures

C/\Users\terry\Documents\SUSAN\Clients\MMI\SAR2\LI\C secretary of State re Art of Amendment MMI\SAR2\LI\C docx

## 

TO:

Registration Section

Division of Cor	porations				
MMI SAR	2, LLC				
SUBJECT:	Name of Limit	ed Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	DAVID E. TERRY, ESQ.				
		Name of Person	<del></del>		
	TERRY AND FRAZIER, P	.A.			
		Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  See concerning this matter to the following:  DAVID E. TERRY. ESQ.  Name of Person  FERRY AND FRAZIER, P.A.  Firm/Company  25 EAST JEFFERSON STREET  Address  ORLANDO, FL 32801  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (407			
	125 EAST JEFFERSON STREET				
	<del></del>	Address			
	ORLANDO, FL 32801				
		City/State and Zip Code			
	E-mail address: (to	be used for future annual report notif	leation)		
For further information of	concerning this matter, please cal	II:			
DAVID E. TERRY, ES	Q.	407 843-1956			
Name (	if Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addre		Street Address: Registration Sec	otion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Docusign Envelope ID: 5D9F3362-0F19-4DFF-9A78-C9312760950C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMI SAR2, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we lorida document number <u>L24000258903</u>	ere filed on JUNE 6, 2024 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	UN 18 4H 5: 34
3. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	<b>7:</b> •
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

DocuSign Envelope ID: 5D9F3362-0F19-4DFF-9A78-C9312760950C manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL E. WRIGHT	4392 WARDELL PLACE, APT, 301	
		ORLANDO, FL 32814	■Remove
			□Change
MRG	MMI SAR2 MGR, LLC	100 EAST PINE STREET, SUITE 110	<b>≣</b> Add
		ORLANDO, FL 32801	□Remove
		DOCUMENT #L24000260578	□ Change
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ffective date, if other than t an effective date is listed, the date r ote: If the date inserted in this	ne date of filing: _ nust be specific and ca block does not mee	nnot be prior to da	tte of filing or more the	(optional) in 90 days after filing prements, this date	.) Pursuant to 605,0207 will not be listed as:
ocument's effective date on the	Department of Stat	e's records.			
record specifies a delayed effectis filed.	live date, but not an	effective time.	at 12:01 a.m. on the	earlier of: (b) Th	ie 90th day after the
JUNE 12  — DocuSigned by:	·	2024 .			
DocuSigned by:					
Michael E.	Wright				

Filing Fee: \$25.00